DOCUMENT RESUME

ED 073 822 PS 005 935

AUTHOR Zamoff, Richard B.; Regan, Katryna J.
TITLE Evaluation of Experiences with the Use of "Healthy, That's Me", Volume I.
INSTITUTION Urban Inst., Washington, D.C.
PUB DATE 31 May 72
NOTE 77p.; Urban Institute Working Paper 961-2-1; ED 068 184 is the appendices, Volume 2 of this report

EDRS PRICE MF-$0.65 HC-$3.29
DESCRIPTORS *Curriculum Evaluation; *Curriculum Guides; Disadvantaged Youth; *Health Education; Inservice Teacher Education; Parent Participation; Preschool Education; *Preschool Programs; Program Effectiveness; Technical Reports
IDENTIFIERS *Project Head Start

ABSTRACT

This report summarizes Head Start experience with the health education curriculum guide "Healthy, That's Me" in the first four months of 1972. Information was collected from regional office staff and from Head Start directors, nurses, teachers, teacher aides, and teacher trainers. Teacher and staff reaction to the guide, the training they received in its use, and its effectiveness in the classroom are discussed. The information and recommendations in these areas are intended to be of use to the Office of Child Development in introducing the guide to other centers, revising the guide, and training teachers in its use. The report also includes a parent interview (in English and Spanish) designed with Head Start parents for possible use in subsequent evaluation. Problems in this evaluation were created because a large number of centers were not using the guide, many having never received it. These and other operational problems at Office of Child Development headquarters have resulted in confusion at the local level. Wide variation was found in the way the guide has been introduced and in staff training in its use; training appears to have been poorly planned an coordinated. Most directors, teachers and teacher trainers are entnusiastic about the guide. So few parent handbooks have been distributed that their reactions to it cannot yet be ascertained. Many Head Start teachers were not using any health education materials previously. (KM)

FILMED FROM BEST AVAILABLE COPY

OE-OS
PS

U. S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY.

ED 073822

PERMISSION TO REPRODUCE THIS COPYRIGHTED MATERIAL HAS BEEN GRANTED BY
Richard B. Zamoff
+ Katryna J. Regan
TO ERIC AND ORGANIZATIONS OPERATING UNDER AGREEMENTS WITH THE U.S. OFFICE OF EDUCATION. FURTHER REPRODUCTION OUTSIDE THE ERIC SYSTEM REQUIRES PERMISSION OF THE COPYRIGHT OWNER

This draft is not for general circulation and is not for quotation without permission of the author(s). Opinions expressed are those of the author and do not necessarily represent the views of The Urban Institute or its sponsors.

WORKING PAPER: 961-2-1 VOLUME I May 31, 1972

Evaluation of Experiences with the Use of Healthy, That's Me

by

Richard B. Zamoff
and
Katryna J. Regan

PS 005935

THE URBAN INSTITUTE
WASHINGTON, D.C.

Acknowledgments

The authors of this report wish to acknowledge the cooperation received from the regional and headquarters staff of the Office of Child Development and from the Head Start directors, teachers, and teacher trainers interviewed in the course of the study. Many of these respondents offered information beyond the scope of our interview, significantly adding to our understanding of the experiences of Head Start staffs with the use of Healthy, That's Me.

In addition to the authors, project interviews were conducted by Carol Fontein, Cynthia Lancer, Grace Taher, Francine Tolson, and Alease Vaughn. Vernon Shields, Director of the Economic and Youth Opportunities Agency-Los Angeles, California Head Start Program and Sue Marx, Director of the Barberton, Ohio Memorial Head Start Center were instrumental in arranging meetings between Urban Institute project staff and Head Start parents. The staffs at these agencies and the Head Start parents involved offered many valuable comments and suggestions on the design of an interview questionnaire for use with Head Start parents in subsequent evaluation.

A special note of thanks is extended to Helen Howerton, research associate of the Office of Child Development, for providing the cooperation and support essential to the successful completion of this report; to Carol Fontein, Cynthia Lancer, and Francine Tolson, for pretesting interviews and tabulating and analyzing the data; to Alvaro Gaviria, for translating the parent interview into Spanish; and to Isabelle Duke, Tricia Knapick, and Patricia Brown, for providing the support services required by the project staff.

Preface

This report summarizes Head Start experience with the health education curriculum guide Healthy, That's Me in the first four months of 1972. It offers comments on Head Start and regional office staff reactions to training provided in the use of Healthy, That's Me; discusses teacher reactions to the materials, training, and (at least partial) use of the curriculum guide; and cites specific findings suggestive of reasons that the curriculum guide has been effective/ineffective for use by teachers, has been easy/difficult to use by teachers, and has been accepted/rejected by Head Start children. Information was collected from regional office staff and from Head Start directors, nurses, teachers and teacher aides, and teacher trainers in Head Start projects designated to receive Healthy, That's Me. Head Start teachers using other health curricula or no particular health curriculum also were included in the study.

The evaluation should begin to assist Office of Child Development decisions on methods of training Head Start teachers in the use of Healthy, That's Me and Office of Child Development (and local) decisions on future expansion of use of the curriculum guide. The evaluation identifies alternative health education curricula and materials in use in the Head Start Program and indicates some suggestions of Head Start staffs on revisions of Healthy, That's Me.

The report also includes a parent interview designed with Head Start parents for possible use in subsequent evaluation. This interview has been translated into Spanish for use in Head Start centers with sizable Spanish-

speaking populations.

In attempting to collect information related to study objectives, and as a result of the interviews that were administered, the project staff has identified a number of problems involved in introducing and using Healthy, That's Me thus far. As a result, it appears possible for the Office of Child Development to do more to improve its ability to monitor the use of Healthy, That's Me in the field, to sponsor more productive teacher training sessions, and thereby to collect information that would make it possible to assess the impact of the curriculum guide on a variety of target groups. Recommendations are offered to improve the capability of the Office of Child Development to monitor Healthy, That's Me and to collect useful information on the impact of the curriculum guide on Head Start parents and their children.

TABLE OF CONTENTS

	Page
Acknowledgments	ii
Preface	iii
List of Tables	vii

VOLUME I

I. INTRODUCTION	1
A. Outline of Report	1
B. Healthy, That's Me to Date	2
C. The Evaluation to Date	4
D. Procedures Used in Sampling and Data Collection	6
II. MAJOR FINDINGS AND ANALYSIS	12
A. Areas of Analysis	12
B. Observations and Findings	13
C. Experiences with Healthy, That's Me	16
1. Previous Use of Health Education Materials	16
2. Receipt of Healthy, That's Me	18
3. Use of Healthy, That's Me	19
4. Involvement of Head Start Staffs in Introducing Healthy, That's Me	23
5. Attitudes Toward Healthy, That's Me	24
6. Strengths and Weaknesses of Healthy, That's Me	27
7. Reasons for Attitudes Toward Healthy, That's Me	29
8. Recommendations on Future Use of Healthy, That's Me	34
D. Teacher Training	37
E. Alternative Health Education in Head Start	56
III. COMMUNITY ASSESSMENT WITH HEAD START PARENTS	59
IV. RECOMMENDATIONS	62
A. Operational Recommendations	63
B. Teacher Training Recommendations	65
C. Recommendations on Revisions in Healthy, That's Me	66

VOLUME II

Page

Appendix A - THE USE OF TELEPHONE INTERVIEWING: A METHODOLOGICAL NOTE 69

Appendix B - LETTERS TO RESPONDENTS SELECTED FOR TELEPHONE INTERVIEWS AND INTERVIEWS USED 73

Appendix C - MEMOS FROM OFFICE OF CHILD DEVELOPMENT TO REGIONAL OFFICES 120

Appendix D - PARENT INTERVIEW (ENGLISH AND SPANISH) 140

List of Tables

Table		Page
1	Number of Teachers and Teacher Aides	9
2	Number of Years of Experience as a Teacher and in Head Start Program	10
3	Ratings of Head Start Teachers on Own Preparation in Health Education at Start of School Year	11
4	Previous Use of Any Health Education Materials in Head Start Projects as Identified by Head Start Teachers	17
5	Head Start Director Reports on Use of Health Education Curricula in Head Start Project Before Receiving *Healthy, That's Me*	17
6	Head Start Directors Receiving/Not Receiving *Healthy, That's Me* Materials	18
7	Proportion of Teachers Using *Healthy, That's Me* and Other Health Education Materials with Children and/or Parents	20
8	Head Start Use of *Healthy, That's Me* Children's Book and Parent Handbooks in Head Start Centers	21
9	Head Start Director Reports on Parent Receipt of *Healthy, That's Me* Materials	22
10	Teacher Reports on Proportion of Head Start Parents with Whom *Healthy, That's Me* is Being Used	23
11	Teacher Reports on Extent of Head Start Staff Participation in Introducing *Healthy, That's Me* to Children and Parents	24

Table		Page
12	Head Start Staff Attitudes Toward Healthy, That's Me and Toward Health Education Portion of Head Start Project	26
13	Head Start Director and Teacher Comparisons of Healthy, That's Me and Health Education Portion of Head Start Project with Other Health Education Materials	29
14	Head Start Teacher Attitudes on Children's Understanding of Present and Future Health Needs and on Parent Understanding of How to Care for Children's Health	30
15	Attitudes on Ease with Which Teachers are Able to Incorporate Healthy, That's Me or Health Education Materials into Head Start Program	32
16	Teacher Attitudes on Usefulness of Healthy, That's Me and Health Education Materials with Various Sized Groups of Head Start Children	33
17	Head Start Teacher Reports on Usefulness of Materials Included in Healthy, That's Me Units	35
18	Recommendations on Use of Healthy, That's Me Throughout Head Start Program Next Year	36
19	Lawrence Johnson and Associates Training Schedule by Region, Date, and Number of Trainees	37
20	Extent of Information About Healthy, That's Me Possessed by Teacher Trainers Prior to Attendance at Training Session	38
21	Head Start Director Attitudes Toward Training Provided by Lawrence Johnson and Associates in Use of Healthy, That's Me	39
22	Teacher Trainer Attitudes Toward Adequacy of Preparation as a Trainer After Participating in Lawrence Johnson and Associates Training Program	40
23	Extent to Which Teacher Trainers Could Employ Methods Used by Lawrence Johnson and Associates in Training Head Start Teachers	48

Table		Page
24	Extent of Training Done by Teacher Trainers	49
25	Amount of Time Between Lawrence Johnson Training Session and Training of Head Start Teachers	50
26	Contact Initiated by Head Start Directors and Teacher Trainers with Regional Office Staff or State Training Officers on Healthy, That's Me	51
27	Head Start Director Reports on Staff Participation in Training in Use of Healthy, That's Me	53
28	Head Start Teacher Reports on Receipt of Training in Use of Healthy, That's Me or Other Health Education Materials	54
29	Head Start Teacher Attitudes Toward Training in Use of Healthy, That's Me or Other Health Education Materials	55
30	Proportion of Head Start Teachers Who Report Reviewing/ Not Reviewing Rainbow Series Materials	58
A-1	Cost of Long Distance Telephone Calls (Directly Dialed from Washington, D.C.)	71

I. INTRODUCTION

In order to analyze and evaluate Head Start experiences with the use of the curriculum guide, the Urban Institute project staff collected data from Office of Child Development regional office and Head Start staffs. This report provides information on those interviews and on other project staff observations, offers guidance on what has happened as the curriculum guide has been implemented, identifies operational problems associated with the curriculum guide's introduction and subsequent use, and suggests ways of improving the Office of Child Development's capacity to evaluate the curriculum guide's impact on various target groups and to improve the training of Head Start staffs in its use.

A. Outline of Report

This chapter summarizes the current status of Healthy, That's Me and the evaluation and discusses research procedures used in sampling and data collection. In Chapter II, project objectives are presented, along with major observations and findings. Chapter II includes data on experiences with Healthy, That's Me and related teacher training. Chapter II also identifies alternative health education materials now being used in Head Start centers. Chapter III discusses the community assessment approach used to involve a small group of Head Start parents in the design of an interview for use in possible subsequent evaluation. The final chapter offers operational, teacher training, and curriculum revision recommendations to the Office of Child Development.

B. Healthy, That's Me to Date

The health education curriculum guide Healthy, That's Me was written in 1970-71 under contract by Biodynamics for the Office of Child Development. The curriculum guide is directed toward Head Start children, their parents, and their teachers. It addresses itself to the total physical and emotional well-being of the child. Healthy, That's Me consists of five study units to be taught by a classroom teacher, seven handbooks for parents, and a book for children.

The health education curriculum guide was introduced initially into 19 Health Start projects. The initial reaction to Healthy, That's Me was quite negative. Criticisms were registered at the Office of Child Development headquarters and regional office levels. Readers commented that the material was not suited to the age group addressed, that it was insensitive to low income and minority groups, and that it violated the Head Start philosophy. Urban Institute Evaluation of the Health Start Program indicates that only 14 Health Start projects seem to have considered the use of the curriculum guide and only one has used it fully. 1/

In response to these criticisms, the Office of Child Development solicited outside expert opinion which, in general, tended to support many of the original reactions. As a result, Healthy, That's Me was revised in late 1971 by Biodynamics with the assistance of the Office of Child Development's Early Childhood Specialists. Parent handbooks were rewritten by the Office of Child Development's Parent Specialists and reviewed by the Child Psychiatrist. The projected date of October 15, 1971, for

---

1/ See Joe N. Nay, Leona M. Vogt, and Joseph S. Wholey, Health Start: Interim Analysis and Report, Urban Institute Working Paper 961-2, p. III - 39.

camera-ready copy for the printer was not met and it was not until January 1972 that the revised curriculum guide was received in the field. 2/ By September 1972, the Office of Child Development will have introduced Healthy, That's Me into Head Start projects serving approximately 100,000 children.

The Office of Child Development assigned responsibility for organizing sessions for the training of teachers to the regional offices, who were asked to submit plans for this purpose in the summer of 1971. Regional offices also were asked to identify the Head Start projects in which Healthy, That's Me would be introduced. The Office of Child Development provided each of the regional offices with a list of possible projects in which the health education curriculum guide could be introduced. The list of projects included the approximate number of Head Start children to be reached in the region. The Office of Child Development stressed that the curriculum guide was only to be introduced to local projects whose staff and policy council wished to use it and indicated a preference for the introduction of Healthy, That's Me into larger Head Start centers (so that management of the program would be easier). 3/

Regional Office staff reported they were resistant to this approach. However, they were required to follow it and reluctantly agreed to submit

---

2/ It is important to note that reactions to the revised curriculum guide frequently appear to be reactions to the earlier version. That is, the initial negative reaction has had an effect upon the attitudes of persons who had never seen the original version.

3/ See memo from Edward Zigler to Assistant Regional Directors, July 20, 1971, in Appendix C.

4/ For example, regional office representatives claimed that these plans were in conflict with existing Office of Child Development policies to decentralize training and technical assistance, and that they would be unable to afford the kind of training they considered necessary.

their plans. 5/ Since the regions were given no guidance on how the training of Head Start staffs was to be accomplished, it is not surprising that extensive variation in training approach exists at the regional and local levels. 6/

C. The Evaluation to Date

Due to the fact that there has not been sufficient time to incorporate the curriculum guide into the Head Start Program, and because all of the stated objectives of the curriculum guide only can be achieved over a relatively long period of time (e. g., a complete cycle of a full-year Head Start center), it is premature to attempt an in-depth evaluation of the curriculum guide's impact on parents and children. A necessary first step to achieving attitudinal and behavioral change is parental interest and acceptance of Healthy, That's Me. As we indicate elsewhere in this report, to date there is no evidence of widespread introduction to and acceptance of the curriculum guide by Head Start parents (see Tables 9 and 10, pp. 22 and 23).

5/ Obviously there was a breakdown in communication between OCD and the regions. Many Community Action Agencies and Head Start centers identified by regional offices as users of Healthy, That's Me had never heard of the curriculum guide prior to Urban Institute contact with them (as late as March 31). In other cases, it took three months for the regional office to respond to the request for the names of projects in which Healthy, That's Me would be introduced.

6/ One of the most unfortunate aspects of the teacher training that took place was the fact that the staff at Head Start centers were not told what the training sessions specifically were about and were given no guidance on the best person(s) to send to the training. Many Head Start directors told us they sent nurses or social workers on the assumption that the training involved health service delivery, and would have sent curriculum experts, education directors, or teachers had they known the training session concerned the use of health education materials.

This research study was undertaken to: 7/

1. Assess the effectiveness of the training of trainers.

2. Compare the different approaches taken by trainers to train teachers to include methodology, cost, and teacher satisfaction.

3. Relate teacher attitudes to acceptance of the materials, training, and use of the curriculum.

4. Determine the ease with which teachers are able to incorporate the health education curriculum materials into the Head Start schema.

5. Determine which parts of the curriculum were effective/ ineffective for use by the teachers, were easy/difficult to use by the teachers, were accepted/rejected by the children, etc.

6. Determine the degree to which, and the relative ease with which, parents became involved in the program.

7. Involve a small group of parents in the design of an interview questionnaire for use in subsequent evaluation.

Despite expectations that each of these objectives was attainable, delays in the availability of the Healthy, That's Me materials and related delays in introducing the curriculum guide to Head Start staffs by means of systematic, evaluable training procedures have prevented the accomplishment of some of these objectives. For example, the lack of sufficient time to incorporate the Healthy, That's Me materials into many Head Start centers makes it inadvisable to attempt a revision of the curriculum guide at this time. Information is incomplete on the ease with which Healthy, That's Me (and different parts of the curriculum guide) has been introduced into the Head Start Program, on teacher (and teacher aide) reactions to specific parts of Healthy, That's Me, on the acceptability of

PS 005636

7/ See memo from Richard Orton to Assistant Regional Directors, December 17, 1971, in Appendix C.

the Healthy, That's Me materials to parents, and on teacher trainer success with different types of training approaches. Finally, in view of the relatively short amount of time that most Head Start centers have been using the curriculum guide, it is impossible to test the existence of a relationship between changes in child (or parent) attitudes and behaviors and exposure to Healthy, That's Me. While some perceptions of Head Start staffs might be considered useful in their own right, others will be useful only insofar as they can be verified by observable changes in child or parent attitudes and behaviors.

In spite of the above, this report does offer comments on Head Start and regional office staff reactions to training provided in the use of Healthy, That's Me, relates teacher attitudes to acceptance of the materials, training, and (at least partial) use of the curriculum guide, cites specific findings suggestive of reasons that the curriculum guide has been effective/ineffective for use by teachers, has been easy/difficult to use by teachers, and has been accepted/rejected by Head Start children. The report also offers recommendations on the training of teachers in the use of Healthy, That's Me and comments on other health education materials currently in use in Head Start centers. This information (and the experience gained in collecting it) should be helpful in identifying areas for further analysis and should be useful in improving the curriculum guide and related teacher training.

D. Procedures Used in Sampling and Data Collection

This section discusses the research methodology used in the evaluation of experiences with the use of the health education curriculum guide, Healthy, That's Me. The discussion involves: (1) questions of sampling,

(2) procedures for the collection of data, and (3) the choice of respondents to be interviewed.

Procedures for Construction of Interview Samples

The following steps were included in the development of the interview samples and subsequent data collection and analysis:

1. The identification of Head Start delegate agencies using (and not using) Healthy, That's Me. Office of Child Development regional offices were consulted to determine the names and telephone numbers of the largest delegate agencies using Healthy, That's Me. 8/ At this stage of the project, regional office staff members told us that the curriculum guide was being introduced to the largest Head Start grantees and the largest Head Start centers. This was consistent with the previously cited Office of Child Development's request of the Assistant Regional Directors.

2. The identification of the largest Head Start center in each Community Action Agency using Healthy, That's Me, and the largest center in each Community Action Agency not using Healthy, That's Me. 9/

3. Contacting each of the Head Start centers identified above to obtain the name and mailing address of the center, the name of the Head Start director, and the names of all teachers and teacher aides.

4. Random selection of a sample of five "experimental" Head Start centers (users of Healthy, That's Me) and five "comparison" centers (non-users of Healthy, That's Me) in each of the Office of Child Development regions. This procedure resulted in "experimental" and "comparison" samples of 55 centers each.

8/ As indicated elsewhere in this report, some of the information provided by the regional offices -- some of which has been sent to the Office of Child Development in response to OCD memoranda (see Appendix C) -- does not coincide with information collected subsequently in this study. In addition to incorrect telephone numbers, teachers and directors in Head Start centers in Community Action Agencies supposedly using Healthy, That's Me were found never to have heard of the curriculum guide prior to Urban Institute contact with them. Approximately, one-third of the Head Start teachers in centers identified as using the health education curriculum guide had not heard of it (as of March 31).

9/ As in the case of the regional offices, some of the information supplied by the Community Action Agencies turned out to be incorrect.

5. Random selection of three teachers or teacher aides in each of the 110 centers chosen above. Since in some Head Start centers there were only one teacher and one teacher aide, the resulting "experimental" teacher sample was size 158 and the resulting "comparison" teacher sample was size 159.

6. Construction of a sample of 53 Head Start directors from the "experimental" centers selected above. Since two of the Head Start centers had no director, this sample was size 53.

7. The identification of the attendees (teacher trainers) at the Lawrence Johnson and Associates training sessions in each of the OCD regions, based on lists supplied by Lawrence Johnson and Associates.10/

8. Selection of a stratified, random sample of 100 teacher trainers. The sample was stratified according to the size of the training sessions (see Table 19, page 37).

9. Sending a letter to all potential respondents selected for inclusion in the interview samples (see Appendix). The letter described the purpose of the study, assured anonymity of responses, and solicited the respondent's cooperation in the subsequent contact. This letter might have improved the response rate11/ and would be useful should it become necessary to conduct follow-up interviews with some respondents in subsequent phases of the study.

10. Administration of a telephone interview to Head Start teachers, Head Start directors,12/ teacher trainers, and regional office staff (see Appendix B). The substance of the interview questions concentrates on recording attitudes and opinions about the use of the curriculum guide and other health education materials, the training of teachers in the use of Healthy, That's Me, problems involved in implementing the curriculum guide in the field, and identifying which parts of the curriculum guide have been most (least) effective and accepted by Head Start staffs. Interviews were conducted during March, 1972.

10/ The fact that these lists often included nothing more than the names of these teacher trainers made it necessary to contact regional offices, Community Action Agencies, and Head Start centers to trace some of these persons.

11/ As we show in Appendix A, interviews actually were completed with 461 of the 481 respondents in the interview samples (95.8%). Three persons refused to be interviewed (0.7%), three persons were ill or hospitalized (0.7%), and 14 persons had left the Head Start Program (2.9%).

12/ Actually, 10 Head Start director interviews were conducted with curriculum directors, educational directors, health service coordinators, or social workers to whom responsibility for Healthy, That's Me has been delegated.

The telephone interviews consisted of both "closed" and "open-ended" questions and took an average of about 20 minutes to administer. Most of the questions were pre-coded for analysis and the interviews were typed to facilitate keypunching. Appendix A discusses the methodology of telephone interviewing and its usefulness in this project. Cost estimates are included.

11. Analysis of data, including an assessment of Head Start and regional office staff reactions to Healthy, That's Me and the training provided in its use.

Equivalence of "Experimental" and "Comparison" Head Start Teachers

The intent of selecting an "experimental" and a "comparison" sample of Head Start teachers (see steps 1 through 5 above) is to enable one to infer that any significant differences between the two groups with respect to changes in health-related attitudes or behaviors are attributable to exposure to Healthy, That's Me. Therefore, it is useful to include in this discussion some evidence that demonstrates the approximate equivalence of the two samples.[13/]

For example, Table 1 shows that the proportion of teacher and teacher aide respondents in the "experimental" and "comparison" samples are almost exactly the same.

TABLE 1

Number of Teachers and Teacher Aides

Position	Experimental %	Comparison %
Teacher	48.1	49.0
Teacher aide	51.9	51.0
Total	104	147

13/ Obviously, this study does not employ a "classical" experimental design with the use of matched samples and pre-test/post-test features. Nevertheless, it is useful to have some evidence that the "experimental" and "comparison" samples are reasonably equivalent on selected variables.

Table 2 indicates that total teacher experience and Head Start experience are roughly comparable. In the "experimental" sample, the median number of years of teaching experience is four years and the median number of years teaching in the Head Start Program is three years. In the "comparison" sample, the median numbers of years of teaching experience is three years and the median number of years teaching in Head Start is two years

TABLE 2

Number of Years of Experience as a Teacher and in Head Start Program[a]

	As Teacher		In Head Start Program	
Number of Years	Experimental %	Comparison %	Experimental %	Comparison %
1	12.5	17.7	22.1	26.5
2	22.1	23.8	25.0	25.8
3	8.6	17.7	10.6	16.3
4	11.5	10.2	8.6	8.2
5	17.3	9.5	21.2	11.6
6-10	22.1	12.9	12.5	11.6
11-20	4.8	6.8	XXX	XXX
Over 20	1.0	1.4	XXX	XXX
Total	104	147	104	147

[a]See questions 1 and 1a, p. 92 and questions 1 and 1a, p. 106.

Table 3 reveals that "experimental" and "comparison" teachers rated themselves almost identically on their preparation in health education at the start of the school year.

TABLE 3

Ratings of Head Start Teachers on Own Preparation in Health Education at Start of School Year[a]

Rating	Experimental %	Comparison %
Poorly prepared	8.6	8.2
Average preparation	62.5	63.9
Well prepared	28.8	27.2
Don't Know	0.0	0.7
Total	104	147

[a]See question 2, p.92 and question 2, p. 106.

II. MAJOR FINDINGS AND ANALYSIS

This study is designed to provide the Office of Child Development with feedback on Head Start experiences with Healthy, That's Me during the first four months of 1972. Information collected should begin to assist upcoming Office of Child Development decisions on (a) the desirability of introducing Healthy, That's Me to additional Head Start centers and/or day care centers, (b) the necessity of additional revisions in Healthy, That's Me, and (c) the appropriate strategies for future training of Head Start teachers in the use of the health education curriculum guide. The Office of Child Development also has expressed interest in the identification of other health education materials currently being used in the Head Start program.

A. Areas of Analysis

In the 461 interviews administered to regional office and Head Start staffs and teacher trainers, information was collected on more than 100 items. 1/ In this chapter, we present findings for those questions yielding the most valuable data or defined as having top priority by Office of Child Development headquarters staff. Findings are divided into sections on Head Start experiences with Healthy, That's Me, teacher training in the use of the health education curriculum guide, and alternative health education materials in use in Head Start centers. The section on Head Start experiences with Healthy, That's Me includes information on previous use of health education materials, receipt of the health education curriculum guide, use of Healthy, That's Me, involvement of Head Start staffs in introducing the health education curriculum guide, attitudes toward Healthy, That's Me, strengths and weaknesses of the Healthy, That's Me materials, reasons for attitudes toward the health education curriculum guide, and recommendations on the future use of Healthy, That's Me.

1/ Chapter I has reviewed research procedures used in sampling and data collection. See Appendix B for the interviews included in the study.

B. Observations and Findings

1. Head Start Use of Health Education Curriculum Guide: Most Head Start staffs have not had adequate time to plan for the implementation of Healthy, That's Me. For this reason, and because many Head Start staffs have to establish their own training procedures, numerous grantees have elected to postpone the introduction of the health education curriculum guide until the summer or fall. More specifically, about one-third of the Head Start teachers in centers supposedly using Healthy, That's Me had not received copies of the health education curriculum guide at the time of Urban Institute contact with them (see Chapter I, p. 7). Many of these teachers had not heard of Healthy, That's Me. In addition, five of the 54 Head Start directors interviewed indicated that the curriculum guide will not be introduced until the next program year (see p. 19). Thus, while Healthy, That's Me should reach approximately 100,000 Head Start children this year, it certainly will not reach that number before September 1972.

2. Variation in Regional Approaches: There is extensive variation in the way in which the health education curriculum guide has been introduced in the Office of Child Development regions, and in the way Head Start staffs have been trained in its use. Variation resulted from the selection of participants at the regional level (often by criteria unknown to those selected),[2/] from the lack of sufficient copies of the curriculum guide, from misunderstandings between the regional office and headquarters staffs and between regional office staffs and Head Start grantees, and from the

2/ While regional offices followed the Office of Child Development's suggestion and introduced the health education curriculum guide to the largest Head Start grantees, they did not introduce it only to those local programs whose staff and policy council wanted to use it. In any event, we found many Head Start staff members unaware of why they were selected to receive Healthy, That's Me.

lack of clear directives or guidelines on how the implementation of the curriculum guide and related teacher training were to be accomplished (see Chapter I, pp. 4-6).

3. Head Start Staff and Teacher Trainer Reactions to Health Education Curriculum Guide: A substantial majority of Head Start directors, teachers, and teacher trainers are enthusiastic about Healthy, That's Me and believe it compares favorably with other health education materials they have used or seen before (see Tables 12 and 13, pp. 26 and 29). Head Start teachers seem to find the curriculum guide easy to incorporate into the Head Start Program (see Table 15, p.32). While most Head Start teachers probably would be appreciative of any health education resources made available, and have not had Healthy, That's Me long enough to offer detailed comments on materials included in specific units (see Table 17, p. 35), three-fourths favor the use of the curriculum guide throughout the Head Start Program (see Table 18, p. 36). It is instructive that many negative comments by Head Start staffs and teacher trainers are not reactions to the curriculum guide per se, but rather are criticisms of the way in which it was introduced and the teacher training associated with it (see p. 36).

4. Parent Reactions to Health Education Curriculum Guide: Due to the small number of Head Start parents who have been exposed to the Healthy, That's Me parent handbooks to date, the acceptability of the health education curriculum guide to parents cannot be ascertained at this time. Almost four-fifths of the Head Start directors interviewed report that parents in their centers have not yet received the Healthy, That's Me parent handbooks (see Table 9, p. 22). Head Start teachers who are using Healthy, That's Me with parents have introduced the parent materials to less than half of their children's parents (see Table 10, p. 23).

5. Staff Training: The Office of Child Development's plan to train "master trainers," who would then train Head Start staffs in the use of the health education curriculum guide, bears little resemblance to what happened in practice (see Table 24, p. 49). Partly because of confusion about who should be sent to the Lawrence Johnson and Associates training sessions, and partly because these training sessions did not address significant parts of the curriculum guide's objectives (e.g., the use of parent handbooks), large numbers of Head Start staffs using Healthy, That's Me have not been trained in its use (60%), or have been (will be) trained by persons who did not attend a Lawrence Johnson and Associates training session (see Table 28, p. 54). A substantial portion of those attending these training sessions (60%) will never train members of a Head Start staff in the use of the health education curriculum guide (see Table 24, p. 49).

6. Head Start Staff and Teacher Trainer Reactions to Lawrence Johnson Training: Reactions varied from region to region and encompassed very favorable and very unfavorable comments (see pp. 38-47). In the earlier training sessions, Lawrence Johnson trainers had to present material they had literally just seen. This fact, coupled with the fact that the first training session was held in the region serving the largest number of Head Start children, did not get the training off to a good start.

7. Other Health Education Materials in Head Start: While health education at the pre-school level usually means education about the delivery of health services, Head Start teachers and directors have identified specific health education curricula and materials besides Healthy, That's Me in use in the Head Start Program (see pp. 56-58). Perhaps of special interest is our finding that fewer than half of all teachers interviewed

have reviewed any of the Head Start Rainbow Series materials, and that exactly half the Head Start teachers in centers using Healthy, That's Me have reviewed these materials (see Table 30, p. 58).

8. Operational Problems: The delayed introduction of the curriculum guide, the provision of insufficient copies of the guide, rumors about required usage, "first draft" criticisms and revisions, and teacher training procedures, and the provision of contradictory information from the national and regional levels have resulted in some misunderstanding, confusion, and partial or complete inaction at the Head Start grantee level.[3/] As a result, Office of Child Development headquarters staff has received late information and a fair amount of inaccurate information from regional offices. Regional offices in turn, have received inaccurate information from Head Start grantees (see Chapter I, p. 7).

C. Experiences with Healthy, That's Me

1. Previous Use of Healthy Education Materials: While a majority of Head Start teachers were using health education materials other than the health education curriculum guide, the interview data presented in Table 4 indicate that a substantial minority of Head Start teachers were not using any materials at all (32% in the "experimental" group and 22% in the "comparison" group).[4/] This finding is important because later interpretations of comparisons between Healthy, That's Me and other health education

3/ For example, one Head Start director was told by the regional office that Healthy, That's Me would be introduced to 100,000 children in his region. Since this was the approximate number of Head Start children in the region (i.e., the total), he assumed the use of the health education curriculum guide was mandatory and reacted quite negatively. And a regional office staff member was told by a member of the Office of Child Development's headquarters staff that she should send all the Healthy, That's Me materials back to Washington, since she had decided to use only some of the materials. The "if you don't want to use them all, there are some that do" response helped undermine Head Start staff belief in the optional nature of the curriculum guide.

4/ As explained in Chapter I, the "experimental" group refers to those Head Start teachers in centers in which the health education curriculum guide has been introduced. The "comparison" group refers to Head Start teachers in centers not receiving the health education curriculum guide.

materials must recognize that a number of Head Start teachers are not familiar with comparable materials.

TABLE 4

Previous Use of Any Health Education Materials in Head Start Projects as Identified by Head Start Teachers[a]

Use	Experimental %	Comparison %
Yes	68.3	78.2
No	31.7	21.8
Total	104	147

[a] In the experimental group, this refers to materials used before the introduction of Healthy, That's Me. See question 6a, p. 93 and question 6a, p. 107.

On the other hand, Table 5 shows that only about one-fourth of the Head Start directors reported that their centers were using health education curricula before receiving Healthy, That's Me. While the line between materials and curricula occasionally is vague, most respondents interviewed referred to health education curricula as more organized, cohesive, and substantive than health education materials or resources.

TABLE 5

Head Start Director Reports on Use of Health Education Curricula in Head Start Project Before Receiving Healthy, That's Me[a]

Use	%
Yes	26.7
No	71.1
Don't know	2.2
Total	45

[a] See question 1, p. 82.

2. Receipt of Healthy, That's Me

One of the earliest discoveries of this study, which had the unfortunate effect of reducing our sample size in several respondent categories, was the finding that 58 teachers and seven directors at Head Start centers in which Healthy, That's Me was supposed to be introduced[5/] actually had not received the curriculum guide, were not using the curriculum guide, would not be using the curriculum guide, or had not heard of the curriculum guide. Table 6 indicates that 14% of the Head Start directors identified by their regional offices or Community Action Agencies as directing centers that were using Healthy, That's Me reported they had not received any Healthy, That's Me materials by March 31, 1972 (between one and three months after teacher training sessions had been conducted in the OCD regions).

TABLE 6

Head Start Directors Receiving/Not Receiving Healthy, That's Me Materials

Receipt of Materials	%
Yes	86.5
No	13.5
Total	52

It is important to note that the seven Head Start directors who had not received the Healthy, That's Me materials had never heard of the health education curriculum guide prior to Urban Institute contact with them. Although their Community Action Agencies reported that these Head Start

5/ Based upon memoranda from regional offices to Lee Burner, Office of Child Development and on information sent to the Urban Institute from regional offices and Community Action Agencies. See Appendix C for the original information request sent from Edward Zigler to the regional offices.

centers would be using Healthy, That's Me, it is obvious they are not, and that the fact cannot be attributed to late mail delivery. The loss of these seven respondents from the Head Start director sample (for we could not inquire about experiences with materials that had never been seen) was accompanied by the loss of 58 "experimental" teacher respondents who had not seen Healthy, That's Me prior to our contact with them.

We would add that included among the 45 Head Start directors who have received the Healthy, That's Me materials are five directors who stated specifically that they are not using the health education curriculum guide and have no intention of doing so before September 1972, at the earliest, and four directors who have received only part of the Healthy, That's Me materials. As a result, attitudes and reactions to experiences with the health education curriculum guide are based on the responses of 45 Head Start directors and 104 Head Start teachers who have seen and begun to use the Healthy, That's Me materials.

3. Use of Healthy, That's Me

While over two-thirds of the Head Start directors and teachers interviewed believe there is a great need for health education for Head Start children and their parents, only 45% of the "experimental" teachers have used Healthy, That's Me both with Head Start children and their parents. As we will see later, this finding partially can be explained by the sequence in which Healthy, That's Me is being introduced into most Head Start centers. However, it also is instructive that only 38% of the "experimental" teachers and 42% of the "comparison" teachers have used other health education materials both with Head Start children and their parents (see Table 7).

TABLE 7

Proportion of Teachers Using Healthy, That's Me and Other Health Education Materials with Children and/or Parents[a]

Target Group	Experimental		Comparison
	Use of Healthy, That's Me %	Use of Other Health Materials %	Use of Other Health Materials %
With children only	26.0	31.7	36.0
With parents only	0.0	1.0	0.7
With children and parents	45.2	37.5	41.5
Not applicable	28.8	29.8	21.8
Total	104	104	147

[a]See questions 6c and 11, pp. 93 and 96, and question 6c, p. 107.

Over half the "experimental" teachers have not yet introduced the Healthy, That's Me children's book to their Head Start children and almost 70% have not yet introduced the parent handbooks to the parents of their children (see Table 8). While the lack of use of parent handbooks largely is due to the late availability of Healthy, That's Me at the Head Start center level, the lack of use of the children's book primarily is due to opposition to the use of any "workbook" with Head Start children and to negative reactions to the book's form and contents. We would note that these opinions about the children's book were expressed by regional office staff, teacher trainers, and Head Start directors, as well as by Head Start teachers, 6/ and that the

6/ Conversations with staff members of the President's Committee on Health Education also revealed sentiment on the Committee against the use of anything resembling a "workbook" with pre-school children.

Office of Child Development's qualifying statements in the front of the children's book[7/] do not seem to have reduced the philosophical objections to the inclusion of this book as part of the Healthy, That's Me package.

TABLE 8

Head Start Use of Healthy, That's Me Children's Book and Parent Handbooks[a]

Use	Children's Book %	Parent Handbooks %
Yes	44.2	31.7
No	55.8	68.3
Total	104	104

[a]Based upon responses of "experimental" teachers. See questions 18 and 19, p. 99.

Further evidence of the limited use of the parent handbooks is provided in Tables 9 and 10. Table 9 shows that Head Start directors report that almost 80% of their centers have not received the Healthy, That's Me materials for parents.

7/ "The material included in this booklet may not be age appropriate for all Head Start children .... A child should be free to use the pages according to his interest and experience .... It is a child's very own story to be developed as he chooses."

TABLE 9

Head Start Director Reports on Parent Receipt of Healthy, That's Me Materials[a]

Received Materials	%
Yes	22.2
No	77.8
Total	45

[a]See question 7, p. 85.

Table 10 indicates that 60% of the "experimental" teachers have not introduced the Healthy, That's Me materials to parents, and that most of the Head Start teachers who have introduced the Healthy, That's Me parent handbooks to the parents of their Head Start children have done so to fewer than half of these parents. For those Head Start teachers using the parent handbooks, it is significant that the "typical" teacher reports introducing these materials to 40% of the parents of her children. This finding raises the question of whether the Office of Child Development is more interested in parent "coverage," parent "impact," or equally interested in both with respect to the health education curriculum guide.[8/] If "impact" is of concern, future analysis should focus on those Head Start parents to whom the Healthy, That's Me parent handbooks have been introduced. If "coverage" also is of concern, substantial attention must be given to ways of increasing parent involvement with these materials before an impact evaluation can take place.

8/ For a fuller discussion of the distinction between "coverage," and "impact," as we are using the terms, see Peter H. Rossi, "Evaluating Social Action Programs," in Francis G. Caro (ed.), Readings in Evaluation Research, Russell Sage Foundation, 1971.

TABLE 10

Teacher Reports on Proportion of Head Start Parents With Whom Healthy, That's Me is Being Used[a]

Percentage	%
0	59.6
Less than 25%	8.6
25%-55%	14.4
55%-85%	3.8
Over 85%	10.6
Don't know	2.9
Total	104

[a]Based upon responses of "experimental" teachers. See question 11a, p. 96.

4. Involvement of Head Start Staffs in Introducing Healthy, That's Me

Of additional interest is the finding that in the majority of Head Start centers where the Healthy, That's Me materials have been introduced to children, Head Start teachers are likely to have had the sole responsibility for this introduction. On the other hand, in Head Start centers where the Healthy, That's Me materials have been introduced to parents, an approximately equal proportion of centers have utilized teachers and other Head Start staff members as have relied solely on teachers to accomplish this purpose. Table 11 presents the relevant data.

TABLE 11

Teacher Reports on Extent of Head Start Staff Participation in Introducing Healthy, That's Me to Children and Parents[a]

Staff Member(s)	To Children %	To Parents %
Teacher only	42.3	21.2
Teacher and others	25.0	20.2
Other staff member	0.0	2.0
Not yet introduced	32.7	56.7
Total	104	104

[a]Based upon responses of "experimental" teachers. See questions 22 and 23, pp. 101-102.

With respect to the introduction of the children's book (and/or other Healthy, That's Me materials), other Head Start staff members include bus driver, child psychologist, cook, educational director, eye doctor, Head Start director, medical doctor, nurse, supervising teacher, teacher aide, and volunteer. With respect to the introduction of the parent handbooks, other Head Start staff members include educational director, home and school worker, and teacher aide. Thus, there also is some evidence of Head Start staff involvement in presenting the Healthy, That's Me materials to Head Start children and their parents.[9/]

5. Attitudes Toward Healthy, That's Me

Findings on Head Start staff attitudes toward the health education curriculum guide must be interpreted with extreme caution. In the first place, while staff enthusiasm probably is an important component of the successful utilization of any educational materials, the ultimate test of Healthy, That's Me is the impact it will have on Head Start children and

9/ The chances are that this involvement includes staff members who have not participated in introducing other Head Start materials to children and parents.

their parents.[10] Secondly, comparisons between the health education curriculum guide and other health education materials are risky because of of the apparent lack of many comparable materials in the Head Start Program.[11]

Nevertheless, there is some evidence that Head Start staff attitudes toward Healthy, That's Me are quite favorable. Table 12 shows that 94% of the teacher trainers, 90% of the "experimental" teachers, and 80% of the Head Start directors either hold a very favorable or favorable attitude toward the health education curriculum guide. In addition, the 11 regional office staff interviewed reported favorable (10) or very favorable (1) attitudes toward Healthy, That's Me. However, Table 12 also shows that 86% of the "comparison" teachers hold similar attitudes toward the health education portion of their Head Start project.

10/ As we point out in Chapter I, given the amount of time it has taken to introduce the health education curriculum guide into the Head Start Program--at least at the Head Start center level--it is impossible to conduct an in-depth evaluation at this time. Illustrations of the child and/or parent behavioral and attitudinal changes that could be examined in an impact evaluation of the health education curriculum guide are: days absent from Head Start, obtaining of required health and dental care, knowledge of the health care system, ways of obtaining health care, health habits (e.g., toothbrushing), and attitudes toward health services and health professionals.

11/ Anne Impellizzeri, staff consultant to the President's Committee on Health Education, reports that the Committee did not discover a single health education resource that could be compared to Healthy, That's Me in use in the Head Start Program.

TABLE 12

Head Start Staff Attitudes Toward Healthy, That's Me and Toward Health Education Portion of Head Start Project[a]

Attitude	Experimental Teachers Healthy, That's Me %	Head Start Directors Healthy, That's Me %	Teacher Trainers Healthy, That's Me %	Comparison Teachers Health Education %
Very favorable	60.6	31.1	38.9	42.2
Favorable	29.8	48.9	54.7	43.5
Unfavorable	1.0	17.8	4.2	4.8
Very unfavorable	0.0	2.2	0.0	2.0
Don't know, can't say	8.6	0.0	2.1	0.0
No health education	XXX	XXX	XXX	7.5
Total	104	45	95	147

[a]See question 2, p. 82, question 7c, p. 94, question 7c, p. 108, and question 1c, p. 114.

6. Strengths and Weaknesses of Healthy, That's Me[12/]

The most frequently identified strengths of the health education curriculum guide were that it is comprehensive, that it emphasizes approaches already being used in the Head Start Program, that it is well planned and organized, that it contains specific teaching ideas and examples for use with Head Start children, that it can be used to the extent that teachers wish in ways that they consider desirable, and that it gives teachers insights into the importance and value of health education. Other positive comments on Healthy, That's Me were that it appropriately focuses on the emotional health and self-image of children, that it emphasizes child growth and development, and that it offers the potential of working with Head Start parents in their homes.

The most frequently identified weaknesses of the health education curriculum guide were that it assumes conditions and life styles which are non-existent and materials which are not available to Head Start staffs, that there is nothing new or unique in its contents and that the bibliographies and some of the material are out of date, that the student book is inappropriate for use with pre-school children, and that much of the material is too advanced or irrelevant for use with Head Start children. More specific negative comments on Healthy, That's Me were the need for less abstract pictures, for color coding, for removable pages, and for more space between the borders in the children's book, the desirability of emphasizing local or neighborhood geography rather than maps of the United States, the cur-

12/ In this section we depart from the format used in the rest of the chapter and do not indicate the proportion of respondents citing various strengths and weaknesses of Healthy, That's Me. The project staff agrees with the observation by members of the Office of Child Development headquarters staff that the opinion of a single respondent (who may, for example, have used the curriculum guide intensively for three months) could be more useful in revising the content of the guide than the opinions of many respondents who have just begun to work with Healthy, That's Me. In addition, since many respondents did not have time to use the curriculum guide long enough to contribute suggestions as to revisions in form and substance, the citation of specific percentages would be quite misleading.

riculum guide's obsession with cleanliness, the emphasis on the importance of eating foods that most Head Start parents cannot afford to buy, and the lack of appropriateness of the Healthy, That's Me materials for rural, Indian, migrant, and white urban children.[13/]

Respondents also were asked to identify specific health problems or topics not addressed (or insufficiently addressed) by the health education curriculum guide. Head Start directors, teachers, and teacher trainers would most like to see attention (more attention) devoted to the following areas: allergies, emotional needs of "acting out" children, emotional problems such as fear of police, incest, narcotics, and prostitution, impetigo, fingernail biting, lead poisoning, hernias, lice, masturbation, minor skin irritations, obesity, rabies, ringworm, sex education, sickle cell anemia, and speech impediments.

In Table 13, we see a comparison of Healthy, That's Me with other health education materials used or seen before. The data indicate that "experimental" teachers and Head Start directors find that the health education curriculum guide compares favorably with other health education materials, while "comparison" teachers are more likely to find that the health education portion of their Head Start project is about the same as at other Head Start centers. It should be noted that 29% of the "experimental" teachers, 35% of the "comparison" teachers, and 18% of the Head Start directors were unable to compare Healthy, That's Me to other health education materials either because they had seen no other materials or, in the case of "comparison" teachers, because their Head Start center had no health education component. Four of the regional office staff interviewed felt that the health education curriculum guide was better than

13/ With Puerto Rican children in mind, Region II has begun a "cultural and ethnic translation" of the health education curriculum guide.

other health education materials, three said it was about the same, and four had seen no comparable materials.

TABLE 13

Head Start Director and Teacher Comparisons of Healthy, That's Me and Health Education Portion of Head Start Project With Other Health Education Materials[a]

Comparison	Head Start Directors Healthy, That's Me %	Experimental Teachers Healthy, That's Me %	Comparison Teachers Health Education %
Better	44.4	48.1	27.2
About the same	28.9	22.1	34.7
Worse	8.9	1.0	3.4
Not applicable[b]	17.8	28.8	34.7
Total	45	104	147

[a]See question 3, p. 83, question 6, p. 95 and question 8, p. 108.

[b]Includes respondents who have not seen other health education materials and respondents in Head Start centers with no health education component.

7. Reasons for Attitudes Toward Healthy, That's Me

Despite our recognition that it is premature to attempt an in-depth evaluation of the impact of the health education curriculum guide, we did attempt to discover if these favorable Head Start staff attitudes toward Healthy, That's Me were associated with Head Start teacher perceptions of an increase in children's understanding of their present and future health needs and with an increase in parents' understanding of how to care for their children's health. Table 14 shows very insignificant differences in the responses of "experimental" and "comparison" teachers. Of course, since in many Head Start centers the health education curriculum guide

TABLE 14

Head Start Teacher Attitudes on Children's Understanding of Present and Future Health Needs and on Parent Understanding of How to Care for Children's Health[a]

Extent of Understanding		Children's Understanding of Present Health Needs		Children's Understanding of Future Health Needs		Parent's Understanding of How to Care for Children's Health	
		Experimental %	Comparison %	Experimental %	Comparison %	Experimental %	Comparison %
To no appreciable extent	1	1.9	1.4	5.8	4.8	5.8	6.1
	2	1.0	3.4	6.7	6.8	3.8	5.4
To some extent	3	51.9	55.8	55.8	53.1	49.0	49.6
	4	19.2	11.6	11.5	11.6	17.3	9.5
To a great extent	5	24.0	27.9	18.3	23.1	23.1	25.2
Don't know, can't say		1.9	0.0	1.9	0.7	1.0	4.1
Total		104	147	104	147	104	147

[a]See questions 3, 4, and 5, p.92 and questions 3, 4, and 5, p. 106.

has been introduced too late to be expected to make any measurable difference this year, this table can be considered suggestive of one appropriate type of future analysis.

Most of the Head Start teachers who have introduced Healthy, That's Me either have found it very easy or fairly easy to incorporate into the total Head Start Program, and those teacher trainers who advanced an opinion on this question believe that Head Start teachers easily should be able to incorporate the Healthy, That's Me materials into the Head Start Program (see Table 15). However, the overwhelming majority of "comparison" teachers either have found it very easy or fairly easy to incorporate the health education materials they are using into the Head Start Program. It also may be worth noting that six Head Start directors either found that Healthy, That's Me was not easily incorporated into the total Head Start Program or could not be incorporated at all. Regional office staff tend to be withholding judgment on this point, pending the receipt of more information from Head Start staffs.

Those "experimental" teachers who have used Healthy, That's Me with various sized groups of Head Start children seem to find it equally useful on a one-to-one basis and with groups of three to five children. In view of the fact that Head Start philosphy stresses working with small groups of children, it is interesting that 30% of the "experimental" teachers find the health education curriculum guide very useful with groups of more than five children. Table 16 portrays data to support these conclusions. This table also reveals that on this point, differences between "experimental" and "comparison" teacher attitudes are negligible.

TABLE 15

Attitudes on Ease With Which Teachers are Able to Incorporate Healthy, That's Me or Health Education Materials into Head Start Program[a]

Attitude	Experimental Teachers Healthy, That's Me %	Head Start Directors Healthy, That's Me %	Teacher Trainers[b] Healthy, That's Me %	Comparison Teachers Health Education %
Very easily	45.2	24.4	25.3	42.8
Fairly easily	21.2	15.6	16.8	36.0
Not easily	2.9	6.7	0.0	3.4
Not at all	1.0	6.7	0.0	2.0
Don't know, can't say	0.0	46.7	57.9	8.2
Not applicable	29.8	0.0	0.0	7.5
Total	104	45	95	147

[a] See question 4, p. 84, question 9, p. 95, question 9, p. 109, and question 2, p. 114.

[b] Responses refer to the extent teachers will be able to incorporate Healthy, That's Me materials into the Head Start Program.

TABLE 16

Teacher Attitudes on Usefulness of Healthy, That's Me and Health Education Materials With Various Sized Groups of Head Start Children [a]

Attitude	On a One-to-One Basis		With Groups of 3 to 5		With Groups of More Than 5	
	Experimental Healthy, That's Me %	Comparison Health Education %	Experimental Healthy, That's Me %	Comparison Health Education %	Experimental Healthy, That's Me %	Comparison Health Education %
Not useful at all	0.0	0.0	0.0	0.0	2.0	4.8
Useful to an insignificant extent	1.0	4.8	2.9	3.4	10.6	10.2
Useful to some extent	26.0	35.4	23.1	34.7	20.2	35.4
Very useful	34.6	41.5	37.5	42.8	29.8	27.9
Don't know, have not used	38.5	18.4	36.5	19.0	37.5	21.8
Total	104	147	104	147	104	147

[a] See questions 10, 10a, and 10b, pp. 95-96 and questions 10, 10a, and 10b, pp. 109-110.

Next, we asked "experimental" teachers about the usefulness of the materials included in the various Healthy, That's Me units.[14/] While approximately half the respondents either had not used or could not estimate the usefulness of the materials included in the five units, a clear majority of those who have used the materials have found them very useful and virtually all either have found them very useful or useful to some extent. Table 17 presents the relevant data.

Teacher trainers tended to be more critical of the material included in the various Healthy, That's Me units. Questions were raised about the originality of the materials, the presentation of some material on too high a level (for teachers as well as children), the poor choice of racial and ethnic heroes, and "the treatment of sex education in an unprofessional manner."

8. Recommendations on Future Use of Healthy, That's Me

Finally, "experimental" teachers and teacher trainers, the two respondent groups in closest contact with the health education curriculum guide, were asked for their recommendations on the use of Healthy, That's Me throughout the Head Start Program next year. Table 18 indicates widespread support for this idea, although several respondents (especially teacher trainers) added important qualifications to their recommendation. We would note that these qualifications were offered both by respondents who have not used Healthy, That's Me because they are unhappy with it as it now exists, and by respondents who have used the curriculum guide for a considerable length of time (i.e., two to three months).

14/ These units are: "All About Me," "Me and My Folks," "Where I Live," "I'm Growing and Changing," and "Who Helps Me Take Care of My Health." For purposes of analysis, the unit "Where I Live" was separated into sections on health habits and dangerous actions.

TABLE 17

Head Start Teacher Reports on Usefulness of Materials Included in Healthy, That's Me Units[a]

Attitude	"All About Me" %	"Me And My Folks" %	"Where I Live" (health habits) %	"Where I Live" (dangerous actions) %	"I'm Growing and Changing %	"Who Helps Me Take Care of My Health" %
Not useful at all	0.0	0.0	0.0	2.0	1.0	0.0
Useful to an insignificant extent	1.0	2.9	2.0	2.0	2.0	2.9
Useful to some extent	15.4	16.3	16.3	13.5	12.5	13.5
Very useful	47.1	33.6	31.7	28.8	33.6	37.5
Don't know, have not used	36.5	47.1	50.0	53.8	51.0	46.2
Total	104	104	104	104	104	104

[a]Based upon responses of "experimental" teachers. See questions 12-17, pp. 97-99.

TABLE 18

Recommendations on Use of Healthy, That's Me Throughout Head Start Program Next Year[a]

Recommendations on Use	Experimental Teachers %	Teacher Trainers %
Yes	76.0	50.5
Yes with qualifications	6.7	36.8
No	2.9	6.3
Don't know, can't say	14.4	6.3
Total	104	95

[a]See question 24, p.102 and question 10, p. 119.

Qualifications with respect to recommendations on the use of the health education curriculum guide throughout the Head Start Program are related to the implementation of the Healthy, That's Me materials as well as to their substance. "Experimental" teachers and teacher trainers most often urged that the children's book be omitted or made optional, that the curriculum guide be geared to younger children (and edited accordingly), that more information be provided on working with Head Start parents, that the curriculum guide be used alongside other health education materials, that the curriculum guide only be used where it can be introduced at the beginning of the school year, and that Head Start staff training be ongoing rather than on a one-shot basis. Suggestions on substantive revisions in the health education curriculum guide parallel those offered earlier in this chapter.

D. Teacher Training

To facilitate implementation of Healthy, That's Me, training sessions in the use of the curriculum guide were conducted by Lawrence Johnson and Associates from mid-December 1971 until March 1972 (see Table 19).

TABLE 19

Lawrence Johnson and Associates Training Schedule by Region, Date, and Number of Trainees[a]

Region	Date	Number of Trainees[b]	Percent of Total	Number Sampled[c]
4	12/15 - 12/16	90	20.2	20
7	1/5 - 1/7	23	5.2	5
9	1/10 - 1/11	13	2.9	3
10	1/12 - 1/14	20	4.5	5
2	1/18 - 1/19	9	2.0	2
8 and IMPD	1/19 - 1/21	58	13.0	13
5	1/26 - 1/28	74	16.6	17
2	2/8 - 2/9	24	5.4	5
4	2/11 - 2/13	18	4.0	4
6	2/16 - 2/18	39	8.8	9
1	2/22 - 2/24	20	4.5	4
3	2/28 - 3/1	57	12.8	13
Total	XXX	445	100.0	100

[a]An additional training session was held on March 17 in Los Angeles (Region IX) to train people who had not attended the January 18-19 session. Because this session was not part of the established training procedure, none of the teacher trainers are included in this study. In addition, the training session held in Puerto Rico (Region II) on March 1-3 occurred too late to be included in the study.

[b]Persons from the OCD regional office are excluded from this list since they would be interviewed as part of the regional office sample. The reader should note that these trainees were expected to be teacher trainers insofar as the introduction of the health education curriculum guide was concerned. Therefore, throughout this section, the terms trainees and teacher trainers are used interchangeably.

[c]Total sample of 100 is 22.5% of the total number of trainees.

A total of 445 Head Start staff were trained by Lawrence Johnson and Associates. Of the trainees who were interviewed, 42% knew something about Healthy, That's Me before training, while 58% had never heard of the health education curriculum guide. Responses are summarized in Table 20.

TABLE 20

Extent of Information About Healthy, That's Me Possessed by Teacher Trainers Prior to Attendance at Training Session [a]

Extent of Information	%
Never heard of it	57.9
Knew it by name only	15.8
Knew a little about its contents or organization	18.9
Knew a great deal about its contents or organization	7.4
Total	95

[a] See question 5d, p. 116.

Teacher trainers interviewed said that as a result of this lack of information about the Healthy, That's Me training sessions, often the wrong people were sent to the training. While some people knew that the training sessions were to deal with health, they did not realize that they would focus on health education in particular. Had they known this, Head Start directors and teacher trainers said that more educational specialists, child specialists, curriculum specialists, and head teachers would have attended the sessions. 15/ Some of the trainees said that if they had known exactly what Healthy, That's Me was and preferably, if they had had an opportunity to review the materials prior to the training session, the resulting familiarity with the curriculum guide would have made the training more meaningful.

Head Start directors 16/ were asked about their attitude toward training provided by Lawrence Johnson and Associates in the use of Healthy, That's Me.

15/ Teacher trainers and Head Start directors interviewed said that providing training on a local level virtually would eliminate this problem.

16/ "Director" means Head Start director or his/her representative.

Over 80% of the directors who commented on the training sessions said the sessions were very useful or somewhat useful, while approximately 10% said they were not useful (see Table 21).[17/]

TABLE 21

Head Start Director Attitudes Toward Training Provided by Lawrence Johnson and Associates in Use of Healthy, That's Me[a]

Attitude	%
Very useful	24.3
Somewhat useful	59.4
Not useful	10.8
Don't know	5.4
Total	37

[a] Analysis excludes the eight Head Start directors whose centers had no representation at a Lawrence Johnson and Associates training session. See question 10c, p. 86.

Head Start directors cited various specific strengths of the Lawrence Johnson and Associates training sessions. They said the suggestions for movement and exercise activities and ideas for projects using inexpensive materials to construct puzzles, felt dolls, and microscopes were very useful and easy to present to children. On a more abstract level, they were given helpful insights on how to introduce sex education as well as the different cultural and racial backgrounds of Americans. Generally, directors said they benefited from the contact with people from other Head Start projects; from the films; from the emphasis placed on why health education is important;

17/ The responses of the Head Start directors interviewed generally reflect what they have heard about the Lawrence Johnson training sessions since very few of them attended the sessions. Since it is the intent of this part of the report to provide information about direct experiences and results of the training sessions, the most useful, in-depth discussion will be based on the comments of teacher trainers.

from the science-oriented activities in Lab I: All About Me; from the role playing activities in Lab V: Who Helps Me Take Care of My Health; from the discussions on how to include parents in the implementation of Healthy, That's Me, and from the introduction to health education provided at the training sessions.[18]

Teacher trainers were asked how well prepared they are to train Head Start teachers in the use of Healthy, That's Me as a result of participating in the Lawrence Johnson and Associates training session. Table 22 illustrates their responses.

TABLE 22

Teacher Trainer Attitudes Toward Adequacy of Preparation as a Trainer After Participating in Lawrence Johnson and Associates Training Program[a]

Attitude	%
Very well prepared	16.8
Well prepared	26.3
Average preparation	33.7
Poorly prepared	12.6
Very poorly prepared	6.3
Don't know, can't say	4.2
Total	95

[a]See question 5e, p. 117.

Looking at the data collected from the teacher trainers on a regional basis, we have found that the training sessions conducted in Regions I and VII and the second Region IV training session generated the most favorable responses.

18/ Also mentioned by Head Start directors were particular aspects of the Lawrence Johnson and Associates training sessions which were not valuable to them. These comments deal with both the content and manner of presentation of the training. Since many of these comments are duplicated by the teacher trainers, they will be included in the discussion of teacher trainer attitudes toward the training sessions.

Responses from teacher trainers in Regions II, V, VI, VIII, and IX indicate that the negative comments on the sessions were balanced by an approximately equal number of positive ones. On the other hand, a good number of teacher trainers in Regions III, X, IMPD and those who attented the first Region IV session were not completely satisfied with the quality and focus of the training they received.

Negative responses to the training sessions may be a result of the personalities of one or more of the trainers, the result of having the wrong person or persons attend the sessions, or more probably some combination of factors. It is likely that an education specialist or curriculum specialist would have found the type and content of training provided by Lawrence Johnson and Associates more useful than a member of the Head Start health staff who was expecting a workshop on health services. Also, due to the late date of availability of revised copies of Healthy, That's Me, the trainers did not have copies of the curriculum until just before the first training session. This probably resulted in a less than desired familiarity with Healthy, That's Me on the part of the trainers, and it is likely that the early training sessions were affected by this.

Comments by teacher trainers about the most valuable aspects of the Lawrence Johnson and Associates training sessions, as well as those on the weaknesses of the sessions, fall into three categories: general strengths, organization and focus, and laboratory content.

The general strengths of the training sessions mentioned by teacher trainers for the most part duplicate those already mentioned by Head Start directors, e.g., the benefit of contact with people from other Head Start projects, and the innovative ideas and activities for implementation of Healthy, That's Me. Teacher trainers also said that they find workshops

which stress participation and involvement a much more meaningful learning experience than those in which they are required to sit and listen to a lecture. However, some people commented that too much note-taking was involved in order to record information about activities and displays during the training sessions. This prompted teacher trainers to suggest that they be furnished with a bibliography for the labs.[19/]

The organization of the labs at the training sessions particularly appealed to the teacher trainers because they were able to walk around to look at the various displays and manipulate many of the materials shown. While this lab design was used for all the training sessions, and generally was well received by the trainees, its purpose sometimes was defeated when the training facilities were inadequate in size for the number of participants.

Another organizational aspect that appealed to many teacher trainers was the way the labs lent themselves to discussions on how to interest Head Start children in health. On the other hand, other teacher trainers said the training session they attended did not have enough emphasis on health and how to introduce it to pre-school children in a positive way. The teacher trainers suggested that it would have been useful to discuss alternative ways of presenting Healthy, That's Me if the first impression of either teachers or children should be negative. These differing reactions to the training session may be accounted for in part by the position of the trainees. Someone whose job does not relate specifically to health would probably want more concentration on the subject than health personnel who could be satisfied with shorter discussions.

19/ Lawrence Johnson and Associates did compile a bibliography for the labs and promised to mail it to the regional offices for distribution to teacher trainers who did not receive it at the training sessions.

One criticism of the lab approach to training was that the learning objectives were not well defined. Some teacher trainers felt that there was no specific information given on how to train teachers and they were confused about the level on which the training was conducted. Some activities and displays were appropriate for children, others were suitable only for adults. Were they supposed to use the activities and displays for adults for their own training sessions and explain those for children so the teachers could know about them? The trainers encouraged the trainees to use whatever was appropriate in the labs to do their training, but the "how" of using appropriate activities and materials was not discussed.[20/]

Most of the teacher trainers commented on the lack of information on how to introduce the Healthy, That's Me parent handbooks. Even those who said they had had some training in the use of the parent materials commented that it was limited, ambiguous, and confusing and dealt more with "don'ts" than "do's" of introducing the parent handbooks.

The final category of comments from teacher trainers about the Lawrence Johnson and Associates training sessions deals with the actual laboratory experience. As already has been pointed out, the concept of the lab approach to training was well received. Teacher trainers felt that they could use the lab approach in training teachers and that it was a good way to illustrate how a health education component can be integrated into the Head Start classroom. However, some trainers felt that the lab experience was weak for several reasons. They mentioned that the large number of people together in a lab made it impossible for everyone to participate and that

---

20/ It should be noted that some Regional and State Training Officers who attended the training sessions said that they already knew how to train and wanted information on the content of the curriculum guide.

because sometimes they were left entirely on their own, they felt the trainers were unconcerned about whether they understood the lab content or learned anything. Another example of the "unconcerned" attitude of the trainers cited by the trainees was the way they talked "at" people rather than "with" them, sometimes on a level the trainees were unable to understand.[21/] A final important factor which may have weakened the lab experience was the introductory lab. While some teacher trainers said they appreciated the overview of what was to come, others said that, because the introduction was so detailed, there was nothing left to look forward to, i.e., no surprise element, and that the actual content-oriented labs were repetitious.

Teacher trainers included in this study were asked what kind of training would have been more useful to them in addition to or instead of what they received. Their suggestions cover pre-training preparation, training session logistics, and training session content and focus.

Concerning pre-training preparation, teacher trainers once again expressed the desire to have the materials, in this case, the Healthy, That's Me curriculum guide, available prior to the training. This would assure that the proper Head Start staff members would attend the training session. It would also enable the teacher trainers to review the materials before attending the training session which would help them to better understand how the activities, displays, etc. presented at the training session can be used with Healthy, That's Me.

21/ It has already been pointed out that this is not a universal feeling. Many teacher trainers specifically mentioned how happy they were with the way the labs provided a good chance for group discussions. Also, rather than feeling that the trainers were talking over their heads, some trainees commented that they found the language used by the trainers too simplistic and felt that they were being treated like children.

In making suggestions about improving the logistics of the training sessions, teacher trainers mentioned that the facilities could have been larger in order to more comfortably accommodate all the trainers. They also suggested condensing the opening lab and having shorter breaks in order to have more time to complete the activities in the labs.[22/]

With respect to the content of the training sessions, teacher trainers suggested that topics such as nutrition, dental care, personal hygiene, mental health, childhood diseases, safety, and state and local health resources be given more specific attention. They would also have liked suggestions on how to present health education to "slow learners" as well as to bi-lingual children. Teacher trainers also re-emphasized their need for specific training information (dealing with both techniques and materials) as well as their need for insights into presenting the Healthy, That's Me materials to parents.

Finally, teacher trainers expressed the opinion that training for Head Start staffs should be done by people who are familiar not only with the Head Start program, but with the characteristics of the regions in which they are training as well.[23/] It was mentioned that the experiences of the trainers with Head Start or some other form of pre-school education was so varied (from no experience to extensive experience) that the trainers were not always in

---

22/ When three day training sessions were held, the first day (afternoon) was devoted to registration and the introductory lab. Many teacher trainers felt that a two day session would have been adequate for training even if it meant reducing drastically or eliminating the introductory lab.

23/ Some teacher trainers commented that the training sessions focused primarily on Blacks and low-income whites and did not relate to Indian and Mexican-American and other cultures at all. Others felt that the orientation of the training was "too middle-class" and therefore had inherent values which conflict with those of Head Start children and parents.

agreement on how a curriculum guide should be used in Head Start.[24] Teacher trainers also suggested that the staff for a training session in a health education curriculum guide should include people with a background in the various health disciplines who had worked with Head Start and could therefore offer insights into implementing such a guide.

Office of Child Development regional office staff also were interviewed about their experiences with the Lawrence Johnson and Associates training sessions. Each of the 11 regional office staff interviewed attended at least part of the training session in his or her respective region.

Regional office staff reactions to the training sessions were mixed. Once again, the lab approach was well received and the idea of learning by doing was thought to be helpful for future work both with teachers and children. However, it was felt by some regional office staff that the films and lectures contradicted this "learn by doing" philosophy and some trainees were bored as a result. While many of the teacher trainers found the introductory lab and overview of what was to come unnecessary because it gave away too much of what was to come, the regional office staff who commented on this lab said it was useful because it gave the trainees something definite to look forward to. Overall, the regional office staff interviewed were pleased with the way the lab approach to training showed how the health education curriculum could be integrated into the total Head Start Program.

Again, the point was made that the training sessions could have been organized so that less time was wasted and that the three day session could have

---

24/ This unfamiliarity with pre-school education on the part of some trainers may have been responsible for the comments by some trainees that the trainers seemed unprepared and disorganized throughout their lab presentation.

been condensed into two days, still allowing individual labs to be long enough for the trainees to participate in all the activities. There were comments that the sessions could have included more substantive training methods as well as a more emphasized focus on health instead of education in general. It was also mentioned that the training team could have been strengthened by having health personnel as members.25/ In one region, it was felt that poor communication among the trainers resulted in trainees not clearly understanding their tasks in three of the labs and caused them to lose interest in the rest of the training session.26/

Finally, regional office staff were asked how useful they feel the training has been in helping staffs work with Head Start children. One felt the training was very useful, three felt it was somewhat useful, and one felt it was not useful. The comments are based on feedback from local programs that have received training. The remaining six regional office staff said they could not answer the question because, at the time of the interview, either training had not yet been done on a local level, the materials had not yet been introduced to children, or they had heard nothing from local programs.

Head Start teacher trainers were asked to what extent they could employ methods used by Lawrence Johnson and Associates when they trained teachers and teacher trainers.27/ The responses of the 29 teacher trainers who had conducted training sessions by the time they were interviewed are presented in Table 23.

25/ One of the Lawrence Johnson and Associates trainers at sessions in Denver (Region VIII and IMPD), Atlanta (Region IV - first session) and New York (Region II - first session) was a registered nurse.

26/ Comments by teacher trainers about specific labs can be made available to the Office of Child Development on request.

27/ In some regions, people who attended the Lawrence Johnson and Associates training sessions trained teacher trainers to work with Head Start teachers.

TABLE 23

Extent to Which Teacher Trainers Could Employ Methods Used by Lawrence Johnson and Associates in Training Head Start Teachers[a]

Extent to Which Methods Could be Used		%
To no appreciable extent	1	10.3
	2	6.9
To some extent	3	34.5
	4	13.8
To a great extent	5	34.5
Total		29

[a]Analysis excludes 60 respondents who will not train Head Start teachers in the use of Healthy, That's Me and 10 respondents who have not yet trained any Head Start teachers in the use of the curriculum guide. See question 6, p. 117.

Most of the teacher trainers interviewed used the laboratory set up when they did their training. They arranged displays of visual aids which related to the five sections of the Healthy, That's Me curriculum guide. They also gave lectures, conducted role-playing sessions, suggested resource materials, and demonstrated games, self-corrective puzzle making, and sequencing activities (e.g., Montessori hand-washing).

According to the teacher trainers, the "learning by doing" approach to training was very successful in working with Head Start staff. On the other hand, lecturing was found to be less successful by some trainers because, when the lecture was concluded, trainees were not motivated to discuss the topic being presented. The teacher trainers report that the self-corrective puzzles, button boards, tying boards, capillary action demonstrations, flannel board displays,and games were well received and thought to be useful when implementing Healthy, That's Me in the classroom.

Table 24 presents data on the extent of training done by teacher trainers.

TABLE 24

Extent of Training Done by Teacher Trainers

Description of Training	%
Training teachers	37.4
Training teacher trainers	3.0
Not training[a]	59.6
Total	99

[a]Includes one trainer whose Head Start center has decided not to use Healthy, That's Me and four trainers who have left the Head Start Program since attending the Lawrence Johnson and Associates training session.

While approximately 40% of the teacher trainers interviewed said they have already trained Head Start staff in the use of Healthy, That's Me, almost 60% said they are not training. Some Head Start programs have decided not to use Healthy, That's Me until September 1972 because it is too late in the year to conduct training and implement a whole new program. Teacher trainers who work with these programs say that they will conduct training during the summer or fall as part of the regular Head Start pre-service training. Other teacher trainers have not held training sessions because they do not have sufficient copies of the Healthy, That's Me materials. Still other teacher trainers report that they have several areas of responsibility besides training in the use of Healthy, That's Me and must meet already scheduled commitments before working with this curriculum guide. Another small group of teacher trainers said that their job does not involve conducting training

sessions--they are responsible only for seeing that the training is done and assisting when asked. One teacher trainer indicated that she is introducing Healthy, That's Me to one Head Start center this spring and will expand the use of the curriculum guide and do the related training once it is determined how successful the experimental program has been.

We found that a median of 9½ weeks elapsed between the time of the Lawrence Johnson training session in a given region and the training of Head Start teachers in that region. (see Table 25).

TABLE 25

Amount of Time Between Lawrence Johnson Training Session and Training of Head Start Teachers[a]

Number of Weeks	%
1-2	6.7
3-4	10.6
5-6	6.7
7-8	5.8
9-10	6.7
Not yet trained	27.0
Received no training, but using Healthy, That's Me	32.7
Trained by other procedure	3.8
Total	104

[a]Based upon responses of "experimental" teachers. See question 21a, p. 100.

Because teacher trainers indicated that sometimes they had other commitments, we cannot assume that this time was always devoted to their preparation to train teachers. One way to eliminate this lengthening of the time needed to implement Healthy, That's Me would be to conduct training sessions

for Head Start staff members who actually will be using the health education curriculum guide. This would also virtually eliminate the possibility of training inappropriate people (which did happen this year).

Table 26 presents data on contact initiated by Head Start directors and teacher trainers with the regional office or a State Training Officer about Healthy, That's Me. As Table 26 shows, the contact dealt with Healthy, That's Me implementation, content, and training.

TABLE 26

Contact Initiated by Head Start Directors and Teacher Trainers with Regional Office or State Training Officer on Healthy, That's Me[a]

	Implementation		Content		Training	
	Head Start Directors	Teacher Trainers	Head Start Directors	Teacher Trainers	Head Start Directors	Teacher Trainers
Contact	%	%	%	%	%	%
Yes	31.1	34.7	26.7	13.7	24.4	29.5
No	68.9	65.3	73.3	86.3	75.6	70.5
Total	45	95	45	95	45	95

[a]See questions 11, 12, and 13, pp. 87-88 and questions 7, 8, and 9, pp. 118-119.

While fewer than one-third of the Head Start directors and teacher trainers indicated that they contacted the regional office or State Training Officer about Healthy, That's Me, more of them initiated contact about its implementation than anything else. The contact by directors usually dealt with requests for materials. They also asked questions on when and how to introduce the curriculum guide, and questions about the advisability of introducing a new curriculum guide so late in the school year. Requests for materials also were the most frequent reason for teacher trainers contacting

the regional office or State Training Officer. Teacher trainers also inquired about when and how to introduce Healthy, That's Me; about the relation of Healthy, That's Me to Health Start; about their program's decision not to use the curriculum guide; and about the way in which the curriculum guide is being implemented in other programs.

The Head Start directors who contacted the Regional Office or State Training Officer about the content of Healthy, That's Me were usually reporting negative reactions to parts of the curriculum guide. The student book was found by some to be useless because they felt it would stifle creativity or because they felt the size of the pages is too small. Others wanted to suggest revisions in the description of different ethnic groups. One director had questions about using a curriculum package, while another had questions about using units 4 ("I'm Growing and Changing") and 5 ("Who Helps Me Take Care of My Health"). The health coordinator in one program wrote directly to Washington about the necessity for a Spanish version of the curriculum guide.

Teacher trainers had little contact with the regional office or State Training Officer about the content of the curriculum guide. Some teacher trainers wanted to know if teachers were required to use the whole guide and were relieved when they were told to use what was appropriate. Others wanted to relate their positive comments about the revisions made in the guide since it was introduced in the summer of 1971.

Training-related contact between Head Start directors and the regional office or State Training Officer mostly dealt with local training schedules, methods of training, and comments about the quality of the Lawrence Johnson and Associates and/or local level training.

Teacher trainers contacted the regional office or State Training Officer

about several aspects of training in the use of Healthy, That's Me. They mentioned initiating contact about training schedules, training format, other training planning, and the possibility of obtaining visual aids for use during local level training. One teacher trainer mentioned contacting Lawrence Johnson and Associates about the possibility of using one of his trainers to assist in the local level training.

Head Start directors were asked if any members of their staffs had participated in training in the use of Healthy, That's Me. Table 27 shows that over 80% answered yes to the question. While this shows a high rate of particpation, the fact remains that almost 18% of the teachers at centers represented by these directors have no one on the staff with training in the use of Healthy, That's Me. This could possibly impede implementation of the health education curriculum guide because teachers would have no one to assist them with problems which might arise and which could best be resolved by someone who had received training specifically about the curriculum guide.

TABLE 27

Head Start Director Reports on Staff Participation in Training in Use of Healthy, That's Me[a]

Participation in Training	%
Yes	82.2
No	17.8
Total	45

[a]See question 10, p. 85.

Head Start teachers interviewed in this study were asked if they had received training in the use of Healthy, That's Me or other health education materials. Table 28 shows that 40% of the "experimental" teachers said they had received training in the use of Healthy, That's Me, while approximately 35% of the "comparison" teachers said they had received training in the use of their health education materials. It is expected that the number of "experimental" teachers who have received training in the use of Healthy, That's Me will increase by fall 1972 since some teacher trainers indicated that they will be conducting their training during the summer.

TABLE 28

Head Start Teacher Reports on Receipt of Training in Use of Healthy, That's Me or Other Health Education Materials[a]

Received Training	Experimental Healthy, That's Me %	Comparison Other Health Materials %
Yes	40.4	35.4
No	59.6	64.6
Total	104	147

[a] See question 21, p. 100 and question 12, p. 110.

The goal of this series of regional training sessions in the use of Healthy, That's Me has been to provide training in the use of the curriculum guide to Head Start teachers. Table 29 presents data on "experimental" teacher attitudes toward training they received as well as data on "comparison" teacher attitudes toward their training in the use of other health materials. It is interesting to note that the majority of both groups found the training they received very useful, since the "experimental" group's training

was part of a formal, nationally directed program, while the "comparison" group's training was conducted on a local or regional level.

TABLE 29

Head Start Teacher Attitudes Toward Training in Use of Healthy, That's Me or Other Health Education Materials[a]

Attitude	Experimental Healthy, That's Me %	Comparison Other Health Materials %
Very useful	71.4	82.7
Somewhat useful	21.4	15.4
Not useful	2.4	2.0
Don't know, can't say	4.8	0
Total	42	52

[a]Refers only to those teachers receiving training. See question 21c, p.100 and question 12c, p. 111.

Teachers who were trained in the use of Healthy, That's Me were pleased with the way their training provided new methods and approaches of introducing health education to children and the suggestions for constructing inexpensive teaching tools for use both at home and at school. They also mentioned how useful they found discussions about emotional health, muscle building, the parent handbook "Your Part as a Parent in Healthy, That's Me," and additional references for health education materials. However, some teachers said they also would have benefited from discussions of specific problems with special (e.g., autistic, hyperactive) children, as well as discussions on how to deal with health problems, such as nosebleeds, when they occur. Because Healthy, That's Me is new and presents so much material, some teachers felt that they should have had time to review the curriculum guide prior to their training. Others felt that they should have been given more ideas on specific activities

for children. Finally, it was suggested that teachers be trained directly, not "second hand," since they will be responsible for introducing the curriculum guide to the Head Start children and their parents.

E. Alternative Health Education Materials in Head Start

The President's Committee on Health Education, Subcommittee on Pre-School Education, has found that "health education" at the pre-school level usually means the delivery of health services (e.g., establishing a relationship with a pediatrician) or the conveyance of minimal health-related information (e.g., what can a nurse do?). More importantly, and not unexpectedly, the Committee found a great emphasis on elementary school and secondary school health education and very little at the pre-school level.[28/]

Urban Institute evaluation has found that the approach to health education in Head Start centers is quite varied, both with respect to methods and materials. As we saw in Table 4, 68% of the "experimental" teachers and 78% of the "comparison" teachers interviewed report using specific health education materials. It was not part of this study to verify either whether those materials named include health components, or whether they can be classified legitimately as health materials. We would note, however, that respondents who cited these materials did identify health-related activities in the materials that they found useful to "educate" Head Start children and parents.

Health education in the Head Start classroom generally stresses the importance of cleanliness, toothbrushing, appropriate dress, and other personal hygiene items as well as the importance of safety, nutrition, and information on body parts and their functions. While these health-oriented subjects usually are introduced in class discussions around bulletin boards, flannel boards, or puppet shows, sometimes various books, pamphlets, and

28/ These comments are based on conversations with Scott Simonds and Anne Impellizzeri of the President's Committee on Health Education staff.

posters are available as additional resources.

Specific materials identified by our respondents as in use in Head Start centers include:[29] Far West Educational Laboratory Responsive Environment Curriculum (Regions VIII and IX); Demonstration and Research Center for Early Education (DARCEE) materials (IMPD); Dr. Paul Merris' Human Development Program (Region X); national or state Dairy Council materials (Regions III, V, VI, VII, VIII, IX, and X); "Study Prints" posters (Region VI); Rebound Program materials (Region III); Peabody Kindergarten Kits (Regions III, V, VI, VII, and X); Crowell Science Library books (IMPD); "Toughie the Tooth" booklet and filmstrip (Region VI); "Teaching Tools" materials (IMPD); 4-H Club materials (Region X); Department of Health, Education and Welfare publication "Caring for Children" (IMPD); local school system health education materials (Regions V and X); Public Health Department guides (Regions III, IV, IX, and X); "School Before Six" health and social studies curriculum guide (Region II); Tucson Early Education Model (Region II); Weikert Cognitive Models (Region X); Southwest Educational Development Laboratory materials (IMPD); Northwest Rural Opportunity Child Care Curriculum (IMPD); American School Supplies pamphlet "Health of the Child" (IMPD).

In addition to the above, Head Start teachers and directors in Regions III, IV, VI, VII, and X and the Indian Migrant Program Division indicated that they are using health education curricula and materials that have been designed for their individual projects. It is important to note that these materials represent only what Head Start teachers, directors, and regional office staff interviewed said were being used. It is not only possible

---

29/ It is recognized that only some of these health education materials can be categorized as "curricula." The rest might best be called "health education resources."

but probable that other teachers at the same centers, as well as teachers at Head Start centers not included in our study, are using other materials.

Since the Head Start Rainbow Series materials also were identified as in use in Head Start centers, and since these materials are of special interest to Office of Child Development headquarters staff, we present data on the proportion of Head Start teachers who have (have not) reviewed these materials (see Table 30). As we indicate earlier, it is worth noting that 50% of the "experimental" teachers and 67% of the "comparison" teachers have not reviewed any of the Rainbow Series materials.[30/]

TABLE 30

Proportion of Head Start Teachers who Report Reviewing/Not Reviewing Rainbow Series Materials[a]

Reviewed	Experimental %	Comparison %
Yes	50.0	32.6
No	50.0	67.3
Total	104	147

[a]See question 6d, p. 93 and question 6d, p. 107.

30/ This finding suggests that the Office of Child Development should take steps to ensure greater Head Start staff familiarity with OCD health-related publications.

III. COMMUNITY ASSESSMENT WITH HEAD START PARENTS

In discussing standards of health care, the findings of the White House Conference on Children (1970) state:

> "Some aspects of health care can best be evaluated only by professionals, trained to assess the technical dimensions of the problem and make judgments about how appropriately it has been handled. There is, in addition, a valid role for the consumer of health services in judging the quality of care. Though the consumer may not have the capacity to evaluate the specifics of treatment, he can react to the total health delivery system, its convenience and accessibility, and how responsive it is to his expressed needs. In the past decade, a marked upsurge of consumer participation in health care systems has occurred. Consumers have become increasingly sophisticated about the organization of health care, and increasingly insistent that they have more than token participation." 1/

The foundation of the community assessment strategy used in this project is the involvement of service recipients in an important part of the evaluation effort. The first stages of this strategy -- the identification of what information is required to successfully evaluate the service (in this case the Healthy, That's Me parent handbooks) and the construction of one part of an appropriate research instrument -- were undertaken in meetings with 40 Head Start parents from Los Angeles, California (Region IX) and Barberton, Ohio (Region V). 2/

1/ Report to the President of the White House Conference on Children, Washington, D.C., 1970, pp. 185-186. While this citation has to do with the assessment of health services, the key point is the consumer role in evaluation of any type.

2/ As of this writing, additional meetings are planned with approximately 20 Head Start parents affiliated with the National Capital Area Child Day Care Association, Washington, D.C. (Region III).

Based on prior experiences with Head Start evaluations, parents in the initial stages of contact expressed serious misgivings about becoming involved in this study. Having been the object of numerous evaluations, with no tangible results apparent, has left these parents very cynical about the meaningfulness of evaluation efforts. For this reason, several parents emphasized that their willingness to participate in the study applied only as long as their comments were used for developing Healthy, That's Me policy and not as a basis for other Office of Child Development policy decisions.

Head Start parents interviewed consistently stressed the importance of health education for their children and themselves. One parent commented, "Health education is really needed; the earlier we get to our children, the better off we'll all be." Another parent remarked that written and illustrated health education materials are helpful if only to "disturb the mind" and "remind one of ways to improve the health care of one's family."

The major purpose of our conversations with Head Start parents was to begin to shape a valid and reliable research instrument that could be used in a subsequent phase of the study. Illustrations of content areas parents believe should be addressed in an evaluation of Healthy, That's Me are:

a. To what extent do parents accept the curriculum?

b. To what extent are parent attitudes changed as a result of using the curriculum?

c. To what extent are parent behaviors changed as a result of using the curriculum? How easily are parents involved in the program?

d. Which parts of the curriculum do parents consider most useful? Which parts are considered inadequate? How could the curriculum be expanded, revised, or refined to produce greater benefits to parents?

After the parent meetings were held, a draft interview was constructed and sent to the participating parents for review. Their comments and suggestions were collected and a revised interview for use with Head Start parents was constructed. 3/ The interview has been translated into Spanish for use with Spanish-speaking populations. This should not only have symbolic value, but should improve response rates and the quality of data obtained in future evaluations. 4/

3/ The interview is presented in Appendix D. Subsequent development of this interview will involve the addition of items on parent knowledge of appropriate health practices and parent awareness of existing health facilities.

4/ For a more complete discussion supporting this hypothesis, see Richard B. Zamoff, Guide to the Assessment of Day Care Services and Needs at the Community Level, Urban Institute Paper 120-5, July 1971.

IV. RECOMMENDATIONS

This report has presented information on Head Start experiences with the health education curriculum guide Healthy, That's Me during the first four months of 1972 (the major observations and findings are presented in Chapter II, pp. 13-16). For numerous reasons related to the less than expected utilization of the Healthy, That's Me materials by Head Start teachers, parents, and children (as of March, 1972), decisions to introduce the health education curriculum guide to additional Head Start centers and/or day care centers would be unjustified at this time. More informed decisions on the expanded use of Healthy, That's Me, on the necessity of additional revisions in the curriculum guide, and on the appropriate strategies for future training of Head Start teachers in the use of Healthy, That's Me, will be possible as more information is collected during upcoming evaluation work.

However, our attempt to collect useful information related to the above decisions has revealed many problems associated with the overall operation of the introduction and implementation of the health education curriculum guide Healthy, That's Me. As a result, Chapter IV offers recommendations to improve Office of Child Development efforts to deliver the health education curriculum guide Healthy, That's Me to Head Start staffs, to enable the Office of Child Development to keep track of the curriculum guide's use in the field, to make available appropriate training to Head Start staffs in the use of the curriculum guide, and to develop the capacity to evaluate the curriculum guide's ultimate impact.

The adoption of these recommendations appears essential to the making of informed decisions in the areas of highest priority to the Office of Child Development.

A. Operational Recommendations

1. Directives and guidelines about Healthy, That's Me should be clear, especially in regard to the curriculum guide's objectives, the information needs and time constraints of the Office of Child Development and the associated information requirements of regional offices and Head Start grantees, the "optional" vs. "required" nature of the curriculum guide, the number of Head Start children to whom the curriculum guide will be introduced, the appropriate Head Start staff (by role or staff position) to send to subsequent training sessions, and the specific purposes of training sessions that do take place.

a. The Office of Child Development should clarify its highest priority objectives for the health education curriculum guide. For example, what are the Office of Child Development's priorities among the following possible goals: Improving the health of children, as measured by such indicators as days absent from Head Start, obtaining of required health and dental care, immunization status, etc., improving parent knowledge of the health care system, changing parent behaviors in obtaining health care for their children, and changing child attitudes toward health services and health professionals.

2. Due to the limited use of the health education curriculum guide by Head Start teachers, parents, and children, the reluctance of many respondents to evaluate the ultimate worth of the curriculum guide at this time,[1/]

1/ Keeping all the interview items in mind, a recurring response was some variation of "too early to tell." We pointed out earlier that about half the Head Start teachers interviewed either had not used or could not estimate the usefulness of the materials included in the five Healthy, That's Me units.

and the absence of any attitudinal or behavioral change data, we recommend that Healthy, That's Me not be introduced into any new Head Start centers until additional Head Start staff and parent reactions are obtained and an in depth evaluation of the program's impact on children and parents has been done (FY 1973). Two exceptions to this recommendation are: (a) specific requests from Head Start grantees for Healthy, That's Me materials and (b) distribution of materials to specific Head Start centers to facilitate research efforts to learn about the curriculum guide's impact and Head Start staff reaction to it during FY 1973.

3. Since many Head Start staff members have inaccurate perceptions of the content and chronology of the development of the health education curriculum guide (see Chapter I, p. 3), the Office of Child Development should prepare for distribution to Head Start grantees a brief description of the development of Healthy, That's Me. The description should include specific mention of the fact that the materials being distributed are different both substantively and organizationally from those developed and introduced during 1970-71.

a. The Office of Child Development should maintain an up-to-date listing of Head Start grantees using Healthy, That's Me, the number of teachers, students, and parents involved, and the number of teacher guides, student books, and parent handbooks distributed at the grantee level (and the dates of distribution). (As of this writing, the Office of Child Development cannot identify with accuracy where Healthy, That's Me is in use.)

b. At national headquarters, the distribution and management of the health education curriculum guide should be the responsibility of a professional staff member who is responsible for Healthy, That's Me and similar programs. Such assignment would be likely to ensure a regular

flow of Office of Child Development initiated written communication to the regional offices, and would increase the probability of uniform, accurate information from the regional offices to Head Start grantees (which did not happen this year).

4. Regional offices should receive sufficient copies of Healthy, That's Me to distribute to those chosen to attend future training sessions, prior to the date of the sessions (which did not happen this year). A supply of teacher guides, student books, and parent handbooks should be printed and kept at Office of Child Development headquarters for this purpose.

Additional copies of the student books, teacher guides, and parent handbooks should be printed for immediate delivery to Head Start grantees participating in the FY 1973 evaluation of the curriculum guide and for distribution to other Head Start staffs requesting copies for introduction in their centers.

Additional copies of the student books, teacher guides and parent handbooks should be printed to anticipate Head Start staff demand during FY 1973. The exact number of all these materials should be determined by the Office of Child Development.

B. Teacher Training Recommendations

Specific recommendations for improving the type of teacher training offered by Lawrence Johnson and Associates are offered in Chapter II. As far as the role of the Office of Child Development is concerned, the following recommendations are offered:

1. Systematic variation in training in the use of the health education curriculum guide should be introduced, so that the Office of Child Development can obtain useful information on how much teacher training, if

any, at what cost is associated with the successful implementation of Healthy, That's Me.[2/] Any training that is offered should emphasize specific training techniques that can be adapted at the project level.

a. Some Head Start staffs should receive Healthy, That's Me with no training.

b. Some regional training sessions should be offered only for Head Start teachers and others responsible for the curriculum guide's implementation with children and parents, rather than following a "master trainer" approach (see p. 56).

2. The Office of Child Development should monitor a sample of teacher training sessions in the use of Healthy, That's Me to ensure that the goals of the health education curriculum guide and the training requirements of the Office of Child Development are being met.

a. Specific guidelines for use of the Healthy, That's Me parent handbooks should be required in any training offered. The Office of Child Development should make certain that the training approach used gives appropriate emphasis to parent materials as well as to teacher and student materials (which did not happen this year).

C. Recommendations on Revisions in Healthy, That's Me

Any curriculum guide should be subjected to systematic, ongoing scrutiny as to content, the ease with which materials can be understood and incorporated, and their acceptance by teachers, parents, and children.

2/ Although it was intended that Head Start staffs introduce Healthy, That's Me after receiving training in its use, a good number of Head Start staffs implemented the health education curriculum guide with no training (see Tables 24 and 28, pp. 45 and 54) or with training totally different from that provided by Lawrence Johnson and Associates. As a result, it should be possible to obtain some useful information on the effects of different amounts of teacher training from a mix of these Head Start staffs.

Due to factors identified throughout this report, we recommend that no substantive revisions of Healthy, That's Me be made until further consultation with Head Start staffs, parents, and early childhood education specialists has taken place. Nevertheless, three reactions to particular aspects of the curriculum guide have been so striking that the following recommendations are offered:

1. The Office of Child Development should develop a detailed statement of the philosophy behind the student book for mailing to subsequent users. This statement should be more responsive to potential criticisms of a "student workbook" than the one offered on the inside cover of the children's book. One frequent comment from Head Start and regional office staffs was the desirability of distributing the book in looseleaf form, so that Head Start project staffs could more easily discard inappropriate material, or rearrange the material included (see p. 27).

2. Parent handbooks should be accompanied by specific guidelines for their use. Mention is made of how not to introduce these materials to parents, but much more is desired in the way of detailed instructions on how to use them (see p. 43).

3. The list of local committee and workshop members participating in the development of Healthy, That's Me, presented at the beginning of the teacher's guide, should be edited so that only those who wish to be listed are included. We were told by persons whose names were included that they had no real input into the development of the curriculum guide and are embarrassed to have their names associated with it. The Office of Child Development should verify these assertions and make any necessary editorial modifications.

Future evaluation of the health education curriculum guide should obtain Head Start staff reactions to specific suggestions for the guide's revision offered during this study (see pp. 27-28). Subsequent evaluation also should obtain other suggestions for revisions of Healthy, That's Me based on greater utilization with Head Start parents and children. It is quite possible that suggestions will be modified and priorities reordered based on more extensive use of the Healthy, That's Me materials.